(SIR) 90-Day Sum Please make copies of the		form for your	records	Monthly Monitoring	yes	no
Note: Please attach one s Submit to: Kansas D Bureau of		orm. Health and Env	rironment	Inventory Control Leak Check Water Check Signed	yes yes yes	no no no
1000 S.W	. Jackson, Suit S 66612-1367	te 410		Date		
I. Facility Information						
A. Facility Name:						
B. Facility Addres	s:	street)	(city)	(state)	(zip)	
C. Contact Persor				, ,		
II. Owner Information A. Owner Name:						_
B. Owner Address						
	(1	street)	(city)	(state)	(zip)	
C. Contact Person III. Statistical Inventory F A. SIR Vendor Na	Reconciliation	Information			-	_
B. Address:						
	(street)		(city)	(state)	(zip)	
C. Contact Person:				Phone: ()		
D. Name of Comp IV. Substance Stored (ch If other, list conte	eck one): " die	esel " keros	ene " gasolin	e (including alcohol)	" used oil	 ″ other
VI. Inventory Control. Ple operation.	·	·	•	•	E after the firs	st month of
VII. Tank/Line System Te						 .
KDHE tank/line no.	Month:	Month:	Month:	(1) Send copies of your Inventory Control Records for 30 days to KDHE after the		
[one sheet per UST]	Yr:	Yr:	Yr:	first month of operation.		
Circle One: Pass = "P" or "No Losses"	P or No Losses	P or No Losses	P or No Losses	(2) Send 90-Day Summary Sheets to KDHE after the first 90 days of operation.		
Inconclusive="INCL" or	INCL or I	INCL or I	INCL or I			
Operational Procedures = " OP "	OP	OP	ОР			

KDHE Reference No.: Owner I.D. _____ Facility I.D. ___

FOR KDHE USE ONLY:

10/02 UST C016

Statistical Inventory Reconciliation

VIII. Please contact KDHE within 24 hours if your tank system has failed. Also contact KDHE if SIR reports showed that any tank failed, or showed Inconclusives, or Operational Procedures from the same tank for two months in a row. Please direct questions regarding tank tests to KDHE, Storage Tank Section, 785-296-8061.